

Official Grade Report Request

If you are currently enrolled at Excelsior College, you do **not** need to request that an Official Grade Report be sent to Excelsior College. **Type or print clearly all of the information requested.**

Check here if new address. ☐

Last Name First Name M.I.

Street _____ Apt. # _____

City _____ State _____ Zip Code _____

[illegible]

Social Security # or Excelsior College Assigned ID #

Your Telephone Number: AM _____ PM _____

☐ Report All Grades ☐ Report Passing Grades Only

Test Date

Examination Title	Test Code	Month	Day	Year
1. _____	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
2. _____	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
3. _____	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

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There is a charge of \$8 for each Official Grade Report requested. Please make check payable to Excelsior College or you may complete the credit card authorization below. ***Return your completed request form and payment to: Business Office, Excelsior College, 7 Columbia Circle, Albany, NY 12203-5159 or Fax: (518) 464-8777.***

Send my Official Grade Report to:

Name of School Official	Title of School Official
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Title of School Official

□ □ □ □ □

Institution or Agency	School Code (See Participating Institutions List)
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School Code (See Participating Institutions List)

Address: City	State	Zip Code
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State

Zip Code

Signature (Do not print.)
Date

Date _____

Type of Charge: ☐ MasterCard ☐ VISA ☐ Discover

 MasterCard

☐ Discover

Account Number: _____ Card Expiration Date: _____

Name of Cardholder: _____
(Please print.)

I authorize Excelsior College to charge \$ _____ to the above account.

Please carefully verify the account number and expiration date before signing this form. If the charge is refused by your financial institution, your paperwork will be returned to you unprocessed.

Cardholder Signature: _____ Date: _____

You may photocopy this form as needed.